

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/675344 FILING DATE 9/30/03
APPLICANT(S) _____

| CLAIMS | | | | | | |
|--------------|--------------|--------------|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL CLAIMS | 5 | | | | | |
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